

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation VOCES DE LA FRONTERA ACTION		3. FEC Identification Number C C90011826
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1027 S. 5TH STREET		
(c) City, State and ZIP Code MILWAUKEE WI 53204		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☒ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M
1	0

 /

D	D
0	1

 /

Y	Y	Y	Y
2	0	1	0

THROUGH

M	M
1	2

 /

D	D
3	1

 /

Y	Y	Y	Y
2	0	1	0

6. TOTAL CONTRIBUTIONS 28217.84

7. TOTAL INDEPENDENT EXPENDITURES..... 11704.71

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Jeanne Marie Geraci

01/31/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

A. Full Name (Last, First, Middle Initial)Voces de la Frontera Action

Mailing Address

1027 S. 5th Street

City

Milwaukee

State

WI

Zip Code

53204

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	0

Transaction ID: F56.000001

Amount of Each Receipt this Period

18000.00

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)Voces de la Frontera Action

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	0

Transaction ID: F56.000002

Amount of Each Receipt this Period

217.84

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)Racine Educators Associate PAC

Mailing Address

1201 West Boulevard

City

Racine

State

WI

Zip Code

53405

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Transaction ID: F56.000003

Amount of Each Receipt this Period

1000.00

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)Voces de la Frontera Action

Mailing Address

1027 S. 5th Street

City

Milwaukee

State

WI

Zip Code

53204

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	0

Transaction ID: F56.000004

Amount of Each Receipt this Period

9000.00

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

28217.84

TOTAL This Period (last page carry total to Line 6)

28217.84

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Weber Printing

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Mailing Address
3048 North 34th Street

Amount

131.29

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
Printing Literature for Racine CanvassCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Feingold RussCalendar Year-To-Date Per Election
for Office Sought

124.01

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
WYTU Telemundo, WI

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	1	0

Mailing Address
809 S. 60th Street

Amount

124.01

City
MilwaukeeState
WIZip Code
53214Purpose of Expenditure
TV ad spotCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Bustos Media of Wisconsin, LLC

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Mailing Address
1138 South 108th Street

Amount

500.00

City
MilwaukeeState
WIZip Code
53214Purpose of Expenditure
adCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

755.30

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Stipends Student

Date

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

133.30

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
Canvass stipendCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Telemundo

Date

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0Mailing Address
39936 Treasury Center

Amount

987.50

City
ChicagoState
ILZip Code
60694Purpose of Expenditure
TV AdCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Stipends

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

320.00

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
canvass stipendCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1440.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 / 14

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Telemundo

Date

M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 1 0

Mailing Address

39936 Treasury Center

Amount

1005.00

City

Chicago

State

IL

Zip Code

60694

Purpose of Expenditure

tv ad

Category/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Russ Feingold

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

El Sol

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Mailing Address

611 West National Avenue, Ste. 211

Amount

390.00

City

Milwaukee

State

WI

Zip Code

53204

Purpose of Expenditure

radio ad

Category/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Russ Feingold

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Weber Printing

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Mailing Address

3048 N. 34th Street

Amount

236.72

City

Milwaukee

State

WI

Zip Code

53210

Purpose of Expenditure

Literature- printing

Category/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Russ Feingold

Calendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1631.72

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

263.75

City State Zip Code
Milwaukee WI 53204Purpose of Expenditure
canvass stipendCategory/
TypeOffice Sought: ☐ House State: WI
☒ Senate
☐ President District: _____Check One: ☐ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
VFA Staff

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

147.54

City State Zip Code
Milwaukee WI 53204Purpose of Expenditure
staff wagesCategory/
TypeOffice Sought: ☐ House State: WI
☒ Senate
☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Consultants

Date

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0Mailing Address
2165 N. 60th Street

Amount

131.25

City State Zip Code
Milwaukee WI 53208Purpose of Expenditure
consultantCategory/
TypeOffice Sought: ☐ House State: WI
☐ Senate
☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought .00Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

542.54

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 / 14

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Canvassing Consultants

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

Amount

135.00

City

State

Zip Code

Purpose of Expenditure
consultantsCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Stipends

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

c/o 1027 S. 5th Street

Amount

285.00

City

State

Zip Code

Milwaukee

WI

53204

Purpose of Expenditure
canvass stipendsCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Voces Staff

Date

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Mailing Address

c/o 1027 S. 5th Street

Amount

207.31

City

State

Zip Code

Milwaukee

WI

53204

Purpose of Expenditure
training canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

627.31

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **8 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Canvass Consultants

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address

Amount

108.75

City

State

Zip Code

Purpose of Expenditure
consultingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address

c.o 1027 S. 5th Street

Amount

291.25

City

State

Zip Code

Milwaukee

WI

53204

Purpose of Expenditure
canvass stipendsCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Weber Printing

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0

Mailing Address

3048 N. 34th Street

Amount

229.68

City

State

Zip Code

Milwaukee

WI

53210

Purpose of Expenditure
PrintingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

629.68

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Union Copy Centers

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0Mailing Address
3060 S. 43rd Street

Amount

325.00

City
MilwaukeeState
WIZip Code
53219Purpose of Expenditure
printingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Staff Voces

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

325.00

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
staff wagesCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
La Grand

Date

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 1 0Mailing Address
1138 S. 108th Street

Amount

510.00

City
MilwaukeeState
WIZip Code
53214Purpose of Expenditure
radio adCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1160.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **10 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Al Levy

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	0

Mailing Address
c/o 1027 S. 5th Street

Amount

122.06

City	State	Zip Code
Milwaukee	WI	53204

Purpose of Expenditure
reimbursement for volunteer food and transportationCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Consultants

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Mailing Address
2165 N. 60th Street

Amount

145.00

City	State	Zip Code
Milwaukee	WI	53208

Purpose of Expenditure
consultingCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	9		2	0	1	0

Mailing Address
c.o 1027 S. 5th Street

Amount

428.75

City	State	Zip Code
Milwaukee	WI	53204

Purpose of Expenditure
canvass stipendsCategory/
Type

Office Sought:

☐ HouseState: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

695.81

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Voces Staff

Date

M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 1 0Mailing Address
c.o 1027 S. 5th Street

Amount

248.30

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
training/ canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

740.00

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mayfair RentACar

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

291.38

City
RacineState
WI

Zip Code

Purpose of Expenditure
transportationCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1279.68

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 / 14

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Infusios Pizza

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

City
RacineState
WI

Zip Code

66.17

Purpose of Expenditure
food for volunteersCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Consultants

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address

Amount

City
MilwaukeeState
WI

Zip Code

37.50

Purpose of Expenditure
consultantsCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Staff Voces

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0

Mailing Address

c/o 1027 S. 5th Street

Amount

City

State

Zip Code

248.30

Purpose of Expenditure
training/ canvassingCategory/
Type

Office Sought:

☐ House

State: WI

☐ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

351.97

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **13 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

576.25

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Kate Werning

Date

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

46.88

City
MilwaukeeState
WIZip Code
53204Purpose of Expenditure
salaryCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Canvass Consultants

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0Mailing Address
2165 N 60th Street

Amount

105.00

City
MilwaukeeState
WIZip Code
53208Purpose of Expenditure
consultingCategory/
Type

Office Sought:

☐ House

State: WI

☐ Senate

District: _____

☐ President

Check One:

☐ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

728.13

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **14 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

VOCES DE LA FRONTERA ACTION

Full Name (Last, First, Middle Initial) of Payee
Canvassers Volunteer

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0Mailing Address
c/o 1027 S. 5th Street

Amount

1283.75

City State Zip Code
Milwaukee WI 53204Purpose of Expenditure
canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Staff Voces

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0Mailing Address
c.o 1027 S. 5th Street

Amount

302.16

City State Zip Code
Milwaukee WI 53204Purpose of Expenditure
training/ canvassingCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Various Food Establishments

Date

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Mailing Address

Amount

275.86

City State Zip Code

Purpose of Expenditure
food for volunteersCategory/
Type

Office Sought:

☐ House

State: WI

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Russ FeingoldCalendar Year-To-Date Per Election
for Office Sought

.00

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

1861.77

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

11704.71